

CLAIMS

SERIAL NO.

09914397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
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47							97					
48							98					
49							99					
50							100					
51							TOTAL					
52							IND.					
53							TOTAL					
54							DEP.					
55							20000					
56							20000					

USE FOR ADDITIONAL CLAIMS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09914397
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						